INDEX OF CLAIMS

Claim		Date								
Final	Original									
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POSITION	INITIALS	ID NO.	DATE
	ML		*8/14*
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*MM*	572	09-13-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected	
=	.... Allowed		I	.... Interference	
–	(Through numeral)... Canceled		A	.... Appeal	
÷	.... Restricted		O	.... Objected	

If more than 150 claims or 10 actions
staple additional sheet here

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